



## Town of Barrington ("Member")

Member hereby elects the following HealthTrust, Inc. ("HealthTrust") coverage(s):

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### Medical Coverage and Rates

#### July 2020 Medical

The following rates shall apply from July 1, 2020 to June 30, 2021

Rating Renewal July

Rating Tier Small

Probationary Period 0M

Rating Type Standard

Benefit Option(s)	Single	2-Person	Family
AB10(07S)-RX10/20/45/3K(S)	\$856.81	\$1,713.63	\$2,313.40
ABSOS20/40/1KDED(07S)-R10/25/40M10/40/70/5K(S)	\$641.11	\$1,282.22	\$1,731.00
BC2T20(07S)-RX10/20/45/3K(S)	\$880.98	\$1,761.97	\$2,378.65
MC3(07S)-R10/25/40M10/40/70(SCY)	\$532.52		
MC3(07S)-RX10/20/45(SCY)	\$550.43		
MCNRX(07S)	\$220.14		

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:

- 1) at least 75 % participation of Eligible Employees who do not otherwise have group medical coverage; and
- 2) Employees who elect to cover dependents must enroll all of their Eligible Dependents (other than dependent children age 19 and over) who do not otherwise have group medical coverage.

HealthTrust reserves the right to change the rates at any time if there is a 10% or more increase or decrease in enrollment.

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#### PROBATIONARY PERIOD EXCEPTIONS

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None

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#### SPECIAL NOTES

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ABSOS20/40/1KDED(07S)-R10/25/40M10/40/70/5K(S): Maximum of 50% Employer funding of deductible allowed.